

Catawba County Board of Health
Minutes
October 6, 2014; 7:00 p.m.

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The Catawba County Board of Health met on Tuesday, September 2, 2014. The meeting convened at 7:00 p.m. at Catawba County Public Health, 3070 11th Av Dr SE, Hickory, NC 29602 in the Boardroom.

Members present: Mr. William Mixon, Chair
Mr. John Dollar, Vice-Chair
Mr. Dan Hunsucker, Commissioner
Ms. Brenda Watson
Dr. Matthew Davis
Mr. Brian Potocki
Ms. Naomi East
Dr. David C. Hamilton, Jr.

Members absent: Dr. William Geideman
Dr. Sharon Monday

Staff present: Mr. Doug Urland, Health Director
Ms. Jennifer McCracken, Health Services Manager
Mr. Mike Cash, Environmental Health Supervisor
Ms. Julie Byrd, WIC Supervisor
Ms. Sindie Sigmon, Business Manager II
Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor
Ms. Amy McCauley, Community Outreach Manager
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Martha J. Knox, Administrative Assistant III

Visitor: Mr. Dewey Harris, Assistant County Manager

CALL TO ORDER

Mr. William Mixon, Chair called the meeting of the regular meeting of the Catawba County Public Health Board to order at 7:00p.m.

AGENDA

Mr. William Mixon, Chair, asked if there were any changes to the Agenda, hearing none, he requested a motion to approve the agenda as presented. Ms. Naomi East so moved and Mr. Dan Hunsucker seconded the motion to approve the agenda as presented. The agenda passed unanimously.

MINUTES

The minutes for September 2, 2014 were included in the Board packet. Mr. Mixon, Chair, asked if there were any changes to the minutes as presented. Hearing none, Mr. Dan Hunsucker made a motion to accept the minutes for September 2, 2014, as presented. Ms. Naomi East seconded the motion and it passed unanimously.

PUBLIC COMMENTS

Mr. Mixon asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak.

COMMISSIONERS COMMENTS

Mr. Hunsucker stated the Board of Commissioners at their meeting accepted grant funds in the amount of \$9,842 from the U.S. Department of Justice, State Criminal Alien Assistance Program (SCAAP). There are no matching funds required for this award that is 100% federally funded. The SCAAP is a formula based grant program that provides agencies with reimbursement for some of the costs associated with incarcerating undocumented criminal aliens who have committed serious crimes in the U.S. The goal of this program is to enhance public safety in communities throughout the nation. Catawba County was one of only 857 (out of 3,140) eligible local entities across the U.S. that successfully applied for these dollars.

In other business the Board adopted a resolution to retire drug interdiction K-9 dog "Jak" and transfer ownership of Jak to his handler, Dennis Smith, a Deputy Sheriff Investigator. This will allow Jak to retire to a familiar environment in the care of his handler who is very familiar with his training and would transfer Jak in a manner that does not endanger public health and safety.

Mr. Mixon thanked Mr. Hunsucker for his report.

2013-14 END OF YEAR FINANCIAL REPORT

Ms. Sindie Sigmon, Business Manager II, reported the End of Year Financial report for 2013-14, which ended on June 30, 2014. Ms. Sigmon stated that she would give a brief overview by sections in the report sent to the Board in their packet.

She stated in the first section under Revenues, under "State Grants" it records the set amounts received from the State. Public Health submits salary and fringe data to the State to receive the grant funds. She added that the health department endeavors to draw the maximum funds available. Throughout the fiscal year there will be position vacancies and expenses that may not be expended and therefore, the agency cannot request the grant funds, although they were budgeted.

Regarding the outside funding for School Nurses, Ms. Sigmon stated, that the partners working with CCPH, which includes Catawba Valley Medical Center and the three school systems are billed for expenses. Therefore, some are not showing revenues received at less than 100%, however, they have paid for the services provided for which they have been billed.

Fee Revenues – these revenues are for fees actually generated based on self-pay or third party reimbursements. She added that regarding patient fees and clinic fees, CCPH began 13-14 with 1.5 nurse practitioners and the .5 nurse practitioner employee resigned in September, 2013. The decision was made not to fill that position; therefore, the revenues that were budgeted based on 1.5 positions came in less than budgeted.

Medicaid Revenue is earned revenue and private grants and miscellaneous revenue include the KIN fund and other grants received such as Susan B. Komen Foundation, and the miscellaneous revenues includes CPR classes that are given throughout the year, etc.

Fund balance are funds brought forward from prior years. County Share shows that it went over the budgeted amount. Ms. Sigmon stated the reason that the county share is over budget is due to shortages such as in the Home Health area and Cost Settlement, which was about \$300,000 less than was anticipated. Some of the Cost Settlement shortage was covered with Home Health revenue, however, it was necessary to utilize additional county share.

Expenditures:

Ms. Sigmon stated that CCPH ended the year under budget at 96.9%. She directed the Board's attention to the second line item "Home Health Stipends". This line shows it is over 5,811%. She stated that during the year as payroll was processed, Ms. Sigmon and Martha Knox, Administrative Assistant, noticed that although the stipends for Home Health were being paid they were not being reflected in the expenditures under the stipend line item. The stipend pay is reimbursement for nursing visits provided by Home Health Nurses after hours based on the rate of pay and time estimated for each type of visit.

After research and assistance from County Finance Office, it was discovered that the stipends were charged to regular wages. This error was corrected and the resulting overage in this line item had \$58,114 spent for the Home Health stipends, although we only budgeted in 2013-14, \$1,000 in this line item. This error was addressed in the 2014-15 budget for Home Health Stipends.

Part-time wages is also over and this is due to vacancies, such as, hourly practitioner that came in to provide services due to the resignation of the .50 nurse practitioner. We also had hourly clerical staff assisting when staff had to be out due to scheduled vacations and unexpected family emergencies.

Ms. Sigmon stated that she would be glad to answer questions. Mr. John Dollar asked about the Home Health stipends. He stated that Ms. Sigmon had reported the Home Health Stipends had been put in the wage line item in the past; therefore, he asked if that was budgeted in the wages because wages are under-expended by \$193,500. Ms. Sigmon responded the stipend amount had not been budgeted in the wage line item. Ms. Sigmon added that the Home Health stipend policy has changed over the years and covers weekend coverage for on-call, holidays, etc. The policy will be changed this year to save funds where possible.

ELIGIBILITY AND FEE POLICY REVIEW

Ms. Sigmon stated that she again has brought the Eligibility and Fee Policies to the Board for review and approval of changes. She stated that these changes occur when audits for different programs such as family planning occur and the consultants point out changes from the Federal or State governments.

On the Eligibility Policy she stated on page 4 under sources of income, Ms. Sigmon stated in the past Child Support funds have been allowed to be counted for any client seeking services. However, recently CCPH was informed that Child Support funds cannot be counted as income for any Title X client, which is a Federal government guideline.

The wording has been changed on page 4 to:

- Alimony and child support payments (Note: cannot count child support payments for Title X clients)

This is the only change being requested on the Eligibility Policy at this time.

The Fees for Service Policy has two changes that are being requested, the first one is found on page 1 under II B and the change states:

Title X (Family Planning) funding will only be used for required Title X Services. "No Title X funds will be used in programs where abortion is a method of Family Planning."

The next changes are under the section for Dental Services on Page 3:

V. DENTAL

Dental Clinic services with a corresponding Medicaid rate will be calculated at our agency costs as determined by the annual Public Health cost analysis and rounded up to the nearest five dollars. will be set at the highest

reimbursement amount established by the third-party payors contracted by Catawba County to provide dental services plus "\$1.00, then rounded up to the next even \$5.00 increment."

Ms. Sigmon explained that CCPH recently became an in network provider with NC BCBS for Dental Services. Therefore, it was necessary to change the wording of our Fee Policy to ensure that we will receive the maximum reimbursement for services provided as an in network provider. Without changing that wording, we would have lost the higher reimbursement that BCBS pays for certain services. She stated BCBS's reimbursement is higher on many services especially for dental procedures.

Mr. Hunsucker asked about why child support payments would not be counted. Ms. Sigmon stated the purpose of the change is to open up eligibility to those clients. If the child support payment was counted as income, it would put the client in a higher bracket, and the government views child support payments as a parent's payment they owe for the support of their child.

Dr. David Hamilton, Jr., asked about why the Fee policy change had the plus \$1.00 in the language. Ms. Sigmon stated that she had wondered that too, she stated that if a fee is \$4.95 and is rounded to the next \$5.00 increment it would only be an increase of \$.05. However, by adding the \$1.00 it allows for reimbursement of indirect cost for providing those services.

Mr. Doug Urland stated regarding Dental Services, payment comes from Medicaid, Health Choice, BCBS and KIN Fund money and covers our clients seen in our practice. Ms. Sigmon stated that if a child needs the services and does not have Medicaid, Health Choice or BCBS, then KIN fund or emergency funds are utilized to pay for the services.

Dr. Davis asked if that was a set fee or does the service have to be charged at a higher rate. Ms. Sigmon stated that the services can be paid at the Medicaid rates from the KIN funds.

Dr. David C. Hamilton, Jr. made a motion to accept the Eligibility and Fee Policies with changes as presented. Mr. John Dollar seconded the motion and it passed unanimously.

POTASSIUM IODIDE (KI) DISTRIBUTION REPORT

Ms. Chantae Lail, Medical Lab Manager and Preparedness Coordinator, gave a report to the Board on the distribution of KI on September 27, 2014. The distribution took place at the Sherrill's Ford Volunteer Fire Department in Sherrill's Ford, NC. She stated that 969 doses were distributed to 324 households, and this is twice the amount that was given out previously in 2010. In 2010, 446 to 132 households, and Ms. Lail stated that she is not sure why there was an increase at this time. She stated that two phone call notices had been sent out and this may have impacted the higher turnout.

Public Health has received several calls and citizens have come by Public Health to pick up their allotment for their household or business that is located in the area for distribution. If people move in to the area that receives the distribution, they can request and receive their allotment of KI at the Health Department.

Mr. Doug Urland, Health Director, stated that in the past when citizens contacted the Health Department with a request for KI, a Public Health school nurse, Home Health staff, or Environmental Health staff has at time participated in delivery of the KI to the citizens.

Ms. Lail stated that approximately 1800 residences are affected, therefore over half received KI on September 27th. This was a regional event with Preparedness Coordinators from five counties participating in distributing KI. Several residents from Iredell County or Lincoln County came to Sherrill's Ford because it was more convenient.

Mr. William Mixon, Chair, asked Ms. Lail if she dispensed KI to the individuals from Iredell and Lincoln counties, and she stated that yes. Mr. Urland stated that the KI being distributed was a state asset and was documented appropriately as to what households received it.

COMMUNICABLE DISEASE UPDATE

Ms. Kelly Isenhour, Assistant Health Director, gave an update on the 2014-15 Flu Season. She stated that Public Health had planned to distribute quadrivalent vaccine only, ordering 280 high dose and 350 seasonal doses. The State is expected to supply 620 seasonal doses which will be given to those that qualify for Vaccines for Children Program (VFC). Walk-in clinics were scheduled for October 10th and 13th as well as October 30th & 31st. The balance of the vaccine after the walk-in clinics planned for distribution by appointment only starting November 3, 2014.

Current Vaccine Status:

350 seasonal doses from GlaxoSmithKline for ages 3 years old and up – has not been received at this time and the ship date is unknown. The 180 high-dose for age 65 & older from GlaxoSmithKline has been received and an additional 100 doses will be shipped on October 15th. 330 seasonal doses from the State for VFC qualified has been received and 290 doses are still on order.

Distribution Plan Changes:

The walk-in clinics for October 10 & 13 have been cancelled due to the delay in receiving the vaccine. Decisions regarding the future walk-in clinics will be made on October 9th. Vaccine will be offered by appointment only starting November 3rd. Ms. Isenhour stated that there are plenty of distribution sites available in the county including pharmacies and physician offices.

Ebola Update

Ms. Isenhour stated that there has been four decades of outbreaks of Ebola in Africa; therefore this virus is not new to that continent. Not sure what the reservoir host is, however, based on the information available it is thought that it may have originated with a bat, which is native to Africa. Ms. Isenhour described the method that humans become infected. She stated it is thought that an infected animal infects a human and thereby passes on the virus. Once a human has been infected then it is spread from person to person, however, this requires direct contact with blood and body fluids directly with the infected individual or ~~via~~ a contaminated object.

Mr. Hunsucker asked how quickly would exposure from an object be and Ms. Isenhour stated it would have to be within three hours. She stated that the virus die within three hours. (Based on a study, updated information received from the Centers for Disease Control and Prevention (CDC) on 10/13/14 states that "*the persistence of Ebola virus in the patient care environment would be short – with 24 hours considered a cautious upper limit*". <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html#three>) The bacteria must enter via the eyes, nose, mouth or a break in the skin such as a cut or abrasion.

The best prevention is PPE or Personal Protective Equipment that provides a barrier between the virus and the person. PPE could include gloves, mask, eye protection, gowns, etc. Hospital grade disinfectant kills the bacteria. A person is not contagious until symptoms appear, therefore, a person in contact with a person that has the disease, will not be infectious until they personally begin showing symptoms. It can take between 2-21 days for symptoms to appear.

Currently, there is no treatment or vaccine for Ebola at this time. Recovery will vary depending on the person's immune system. After a person has been infected with Ebola, they will build up immunity to that specific Ebola virus that will last up to 10 years. Patients that have tested positive for Ebola are treated with supportive treatment, which includes: fluids/electrolyte balance, oxygen, monitoring of vital signs such as blood pressure. There are some trials with vaccine including a medication called ZMapp, which is experimental. Prevention includes avoiding contact with Ebola and use of proper PPE and infection control measures. Mr. Mixon asked if ZMapp was the name of the experimental medication. Ms. Isenhour stated it was.

Ms. Isenhour stated this has been the largest outbreak of Ebola and she gave a brief overview of the U.S. response to the outbreak. She stated to date there have been 7,470 cases of Ebola reported and 3,431 deaths. Ms. Isenhour stated that lab confirmed cases of Ebola were 4,087.

The Center for Disease Control (CDC) has 700 people in the US and 90 dispatched to the countries in Africa. In July Public Health began receiving routine communication from the CDC. This was due to the reports of a traveler in Nigeria and two missionaries that had contracted the virus. Since that time, the CDC began preparing healthcare staff to identify and surveillance in place.

Preparation - people returning from affected countries

- Hospital management
- PH surveillance/monitoring
- Healthcare providers/emergency departments – identifying
- Higher education
- EMS system – transport

NC and local PH – Catawba County Public Health

- Screening algorithm
- Local response met Sept 15 with hospitals, EM, and EMS
- Consultation with hospitals, healthcare providers, and PACE at Home
- CDC alerts
- NC PH Lab is one of 13 nationwide CDC approved labs for Ebola testing

Modern Medicine

- PH System
- Hospitals – supportive – hydration/clotting factor
- Infection control
- Information and communication systems

Ms. Isenhour stated the US may see additional cases of Ebola. However, local public health is monitoring communicable diseases daily as well as periodic outbreaks such as meningitis, norovirus, pandemic flu, shigellosis, etc. The public health system, including Catawba County Public Health, is trained to deal with this and future infectious disease challenges.

Ms. Brenda Watson asked about cleaning agents that can be used on the virus. Ms. Isenhour stated that hospital grade disinfectant will kill the Ebola virus on surfaces. Ms. Watson asked for an updated list of bullet points on Ebola for the Board of Health members to refer to.

Dr. David Hamilton, Jr., asked what the response would be locally if a person with suspected Ebola reported to a local facility. Ms. Isenhour stated that the local hospital has designated areas to isolate the patients, and has communicated to all personnel involved about the PPE needed when responding. The local facility would contact Public Health and the CDC would be informed. NC State Epidemiology would send staff to the area. If EMS transported the patient they would follow the standard protocol when dealing with infectious disease. Public Health would coordinate the efforts to contact list of people that may have been in contact with the patient and begin to assess risks.

Ms. Naomi East asked Ms. Isenhour if the PACE Program have protocol for their programs. Ms. Isenhour stated that PACE called Public Health. If there was a patient identified by the PACE Program, they would contact Public Health and receive guidance in how to proceed.

Mr. Hunsucker stated a big concern is the issue of people not being honest in reporting where they have travelled and possibly wanting to spread a disease like Ebola. Ms. Isenhour stated that she understood that concern, that due to the stigma of having the disease of Ebola, people may try to conceal their travel and illness. The key is to get supportive treatment as soon as possible if diagnosed. Additional screenings are being done at key airports if a person has traveled from Ebola affected countries.

Enterovirus D68 (EV-D68)

Ms. Isenhour stated that there are 100+ non-polio enteroviruses and 10-15 million occur in the US annually. She shared facts Enterovirus D68 such as: the virus is spread when in contact with respiratory secretions of infected people. A person can infect others with or without symptoms from 1-3 weeks. Most of the cases will be mild. More severely affects people with respiratory illnesses such as Asthma. There is no treatment or vaccine and it is treated with supportive care. Prevention includes avoid sick people, use infection control measures, use PPE and good hygiene.

Status of current outbreak –

As of October 6th 594 people have been infected (mostly children) in 43 states. There have been 7 cases reported in NC – and none reported thus far in Catawba County. 1 death has been reported in New Jersey; however, this has not been confirmed by the CDC. EV-D68 has been detected in submitted specimens of 4 patients who died, however, it is unclear if the virus was related to the deaths. There has also been reported focal limb weakness in Colorado children that have been diagnosed with EV-D68.

The testing for this virus is complex and only done at the CDC and it can take 2-3 weeks to get results from testing. Message that Public Health has been giving to providers and hospital is to not delay treatment. Also, other respiratory illnesses should be ruled out. If there is acute onset of focal limb weakness, that should be reported immediately.

Fact sheets were put together and distributed to daycares, schools along with press releases so that these illnesses could be identified quickly.

Ms. Isenhour asked if there were any questions. Staff will update the Board as changes occur and information becomes available.

Mr. Doug Urland, Health Director, stated that there was a press briefing in Mecklenburg County Public Health and with other Public Health agencies in our region on Friday October 3rd. Representatives from Novant and Carolinas Medical Center as well as local Public Health departments in the region coordinated together to outline the resources that are ready to respond to any potential Ebola cases in the region.

Mr. Urland stated that during times of needing proactive or reactive response from Public Health, it is critical that the infrastructure be in place so that personnel are in place, trained and ready to respond to situations as they evolve. Investigations of communicable disease involve a lot of people on the ground to ask the histories to determine who has been put at risk. CCPH conducted 1,500 communicable disease investigations last year, which required a tremendous amount of time to conduct the investigations.

FARMERS MARKET UPDATE

Ms. Amy McCauley, Community Outreach Manager, gave an update on the Farmers Market for 2014. Ms. McCauley stated that the goal for the Farmers Market continues to have three main goals: to increase redemption of the WIC Farmers Market Nutritional Program vouchers; to increase convenient access to fresh produce for people living, visiting and working along this corridor (also a food desert); and to improve individual and community health by enabling increased consumption of fresh fruits and vegetables. The Farmers Market for 2014 was a success and ran from June 5 – September 25 for 17 consecutive weeks. This year 60 public health staff members participated as well as 6 volunteers.

Ms. McCauley gave statistics that showed a comparison of the 2014 market that had 17 weeks of operation with the 2013 market that had 24 weeks of operation. Total customers for 2014 were 4,586 versus 4,338 for the 2013 market. There was also an increase of 89 customers for 2014 for a total of 270 during the 17 weeks. There were 6 market days that over 300 customers and the peak time for the market in 2014 was June & July.

A total of 11 farmers participated this year and there was an average of 6 farmers at each market. The highest one day attendance for 2014 was 645 and in 2013 it was 298.

Regarding the WIC Farmers Market Voucher redemption, Ms. McCauley shared the following information:

Total WIC FMNP Vouchers Distributed

2013: 2,544

2014: 2,700

WIC FMNP Redeemed at PHFM

2013: 1,222 (\$4,888.00) = 48.03%

2014: 1,537 (\$6,148.00) = 56.92%

Total County FMNP Redemption Rate

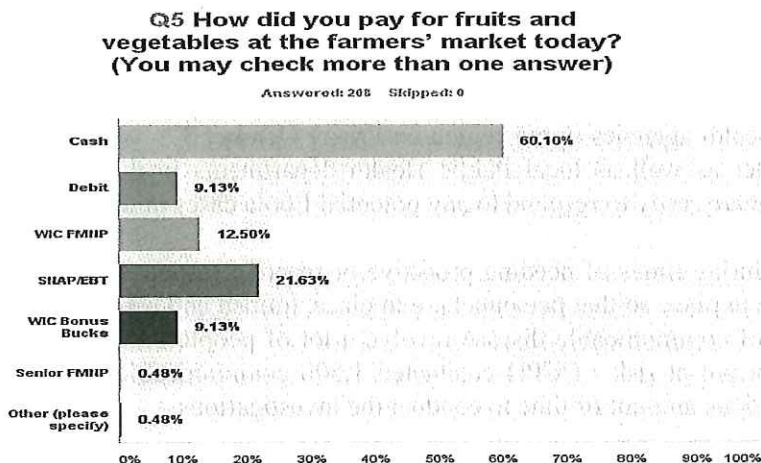
2013: 62.88% (from 51.29% in 2012)

2014: figures were not available at this time

Special \$4 vouchers that can only be spent at farmers markets

There were 264 "Bonus Bucks" redeemed in 2014. These coupons are additional \$4.00 coupons that can only be used at the Farmers Market. The total value of these coupons that were used was \$1,056, and this is \$120 more than in 2013.

In addition to the "Bonus Bucks" customers could use their EBT (Electronic Benefit Transaction) cards, as well as debit or SNAP cards. One of the survey questions to participants was "How did you pay for fruits and vegetables at the farmers market today?" The results showed the following:



93.2% of customers visiting the market in 2014 stated that they agreed or strongly agreed that the farmers market helped them increase the amount of fresh fruits and vegetables their families consumed. This was increase of 4.8% over 2013.

65.79% of customers stated that it was easier to redeem coupons at the farmers market and the choices also helped them provide more fruits and vegetables to their families.

Ms. McCauley stated that the Farmers Market was a 2013 Catawba County Team Award recipient and has received the 2014 Outstanding Program Award from the National Association of Counties (NaCo). As well as the 2014 Community Leadership award from the President's Council on Fitness, Sports and Nutrition.

The next steps will be for the market to return in 2015 and Public Health staff will continue to work toward increasing local access to healthy foods by:

- Add SNAP/EBT at other farmers markets
- Establish "Healthy Corner Stores" by piloting two locations in Ridgeview and Newton food deserts
- Health Food Donation guidelines in partnership with food collection programs & Health Partners
- Healthy Cooking Demonstrations in partnership with the Hickory Soup Kitchen

Ms. McCauley offered to answer any questions Board members may have.

HEALTH DIRECTOR'S REPORT

Mr. Doug Urland, Health Director, stated that the Legislature will start back in January 2015 and there is nothing new to report regarding Public Health legislation at this time. The Board of Commissioners have approved the legislative goals for NC Association of County Commissioners and that is separate from the goals that would be from Catawba County.

The Environmental Health staff will give an update to the Board at the November, 2014 meeting and an update on Infant Mortality rate in North Carolina and for Catawba County by Jennifer McCracken.

Mr. Urland asked Jennifer McCracken, Health Services Manager to come forward and share a recent award that was received at the NC Association of Public Health in Wilmington. Ms. McCracken stated that GlaxoSmithKline in the early 1990s established an awards program for Public Health in recognition of the work done relating to children.

Catawba County Public Health has been a recipient of a total of five GlaxoSmithKline Child Health awards for local public health agencies. The fifth award was received in September at the NCAPHA Conference in Wilmington for the Healthy Schools Recognition Program. Ms. McCracken stated that both Rhonda Stikeleather and Amy McCauley have been instrumental in making the Healthy School Recognition Program work across schools and childcare centers in the Catawba County community.

There are 39 healthy schools in Catawba County as well as several healthy childcare centers and The Eat Smart Move More Program was a big part of this success in trying to prevent childhood obesity in our community. Along with the plaque that Ms. McCracken showed to the Board, she stated that there was also a check for \$5,000 that will be used to further the efforts for Healthy Schools Recognition efforts.

Mr. Mixon asked Ms. McCracken to read what the award states and then bring it forward so Board members could see it.

The award reads: "This is a Child Health Recognition Award for Healthy Schools Recognition Program Catawba County Public Health the Local Health Department Recognition Award." She stated there were 19 local health departments that submitted nominations and Catawba County was one of three to receive this award.

OTHER BUSINESS

Mr. William Mixon, Chair, stated he had one item of additional business. Mr. Mixon asked about an update on the Epi Pens program being implemented in the schools. Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor, stated that they had been ordered and staff were in the process of identifying school staff that are

"certified in CPR", which is a requirement for administering the Epi Pens in the schools. Ms. Stikeleather stated she will bring a report to a future board meeting about the implementation of the program.

No other Board members presented any items for consideration in regular session, therefore, Mr. Mixon asked for a motion to go into Closed Session to consider a Personnel matter.

Ms. Naomi East made a motion for the Catawba County Board of Health to go into closed session and Mr. Dan Hunsucker seconded the motion and it was unanimously passes.

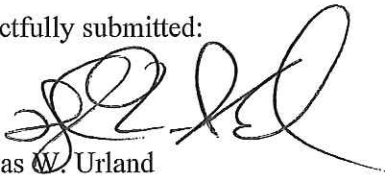
CLOSED SESSION

The Catawba County Board of Health met in closed session to review the job description and performance evaluation of Doug Urland, Health Director.

ADJOURNMENT

The Board of Health returned to regular session and Mr. Dan Hunsucker made a motion to adjourn the Catawba County Board of Health and Ms. Brenda Watson seconded the motion, the motion passed unanimously. The meeting adjourned at 8:45 p.m.

Respectfully submitted:



Douglas W. Urland
Health Director

DWU: mjk